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ORIGINAL COMMUNICATIONS.

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UTERINE HEMORRHAGES.*

BY E. J. MARTIN, M. D.

GENTLEMEN—I will call your attention for a short time to the subject of "Uterine Hemorrhages." There is, perhaps, no subject in the whole range of obstetric practice of more importance to the practitioner and the patient, than the subject this paper is intended to discuss; to the practitioner, because it requires the greatest vigilance and promptitude of action, under circumstances often the most trying to his skill and courage; to the patient, because of its terrible fatality, and the evil consequences which may follow even after its successful management; and to both, because of its frequency, its difficulties and the variety of conditions under which it is produced.

I do not intend to take up this subject in the order of the books or that of our college teachers as to the many conditions and how induced or produced, upon which or under which we find uterine hemorrhages; whether from placenta prævia, abortion, miscarriage, premature or post-partum labor, etc. Suffice it to say that I shall refer to cases as I have found them, and I presume, will continue to find them in the future.

In the first place I will call your attention to abortions. The

* Read before the State Eclectic Medical Society of California, December 9, 1884.

cause of abortions are numerous, but they may be classed under two divisions; first, those which act directly on the uterus, inducing the expulsion of its contents; second, those which occasion the death of the fœtus.

The middle and upper classes seem to be more prone to abort than the lower, excepting those among the latter who are ill fed, hard-worked, much exposed, etc. Under any and all of these circumstances an alarming hemorrhage may occur; and this is what I wish to call your attention to as well as my treatment in such cases.

In December, 1883, I had a hurried call to see a married lady, the messenger saying that the woman was bleeding to death, and on arriving I found that the messenger was not much mistaken, as I found a large quantity of blood upon the floor, that had run through the mattresses, etc., and upon an examination per vaginum, I found the os dilated to the size of a quarter of a dollar and the patient having pain or uterine contractions every ten minutes. Upon inquiry I learned that a physician had seen the patient twenty-four hours prior to myself and who had prescribed opii et acetate plumbi, in powders, directing one every one, two or three hours, as needed to control the hemorrhage, telling the patient that she would be well soon, and that she would not need his professional services again for six months, etc. I inquired if the patient was flooding to this extent when the doctor in attendance was present; the answer was, Yes. Query second, did the doctor make an examination per vaginum while here? Answer, No. Query third, did the medicine prescribed by the doctor control the hemorrhage? Answer, Yes, as long as it was given (one powder was directed hourly) until four were given, when it was out of our power to awake her for the fifth dose as directed, and about two hours ago, by hard work, we aroused her up so that she could speak, and she commenced flowing again at a fearful rate, when she said that she was going to die unless she could get immediate relief, and therefore I was called.

Ten minutes having elapsed after my arrival, I saw from the movements of my patient that the uterus was again contracting, and upon examination I found that, during the interval, the patient had flooded immensely upon the folded cloth that I had

applied upon my first examination as a teller in regard to the quantity and quality of blood my patient was losing, etc. This the second examination clearly indicated to me that there was no time to be lost, as I found the os to be dilated fully as large as a half dollar, and with the membrane and embryo protruding; so I at once administered a half-teaspoonful of Squibbs' fluid extract of ergot every half hour until delivery, alternating with tablespoonful doses of whisky. These to a certain extent controlled the hemorrhage during the remissions of pain or uterine contractions, etc. Soon I was able to pass a finger into the os and as well over the embryo as far as possible, and by holding to it until another pain returned, I soon succeeded in delivering it as a whole.

The after treatment consisted in an applied compress and bandage, the removal of clots, and the administration of—

℞ Sulph. quinia, ʒi.
Tinct. cinnamon, ʒi.
Sulph. acid, aro. ʒij.
Syrup acacia, ℥ij.
Aqua font, ℥ij.

M. And directed a teaspoonful every two or four hours, alternating with whisky in quantity sufficient, until the hemorrhage was properly subdued.

CASE 2. April 15, 1884, I was called in haste to see another married woman, and, upon arriving, was informed by the lady that she feared a miscarriage, as she had been having bearing-down pains, with hemorrhage, for five or six hours and the hemorrhage was increasing. Upon an examination, I found within the vagina, the fœtus, the os dilated and the placenta protruding, while the pain continued, and during the remissions, as is usual, the patient flowed fearfully. After removing the embryo and the clots, ergot was administered, a compress and bandage applied, and attempts made to deliver the placenta. But partial success attended these efforts, as upon careful examination of what was already delivered it was discovered that a part remained undelivered. As the uterus had contracted well, and as there was but a small dilatation of the os and but little hemorrhage, the patient was given half-teaspoonful doses of Squibbs' fluid extract

of ergot every two hours, alternating with two tablespoonful doses of whisky in as much sweetened water, which seemed to control the hemorrhage and further contract the uterus. This was continued for about sixteen hours, when I was hurriedly called again to see my patient. Upon examination this time, I found the os dilated, and what proved to be the remainder of the placenta grasped by the os. During the intervals in uterine contractions which occurred every ten or fifteen minutes, the hemorrhage was fearful, so profuse, indeed, that my patient was nearly bled out. As a matter of course, I made every effort in my power to remove the remaining portion of the placenta, but utterly failed, owing to the scare and nervousness of my patient. So I called Dr. Berry, my partner, and we succeeded in removing it, which was not larger than a small English walnut. The patient made a good recovery without any more trouble in the case.

CASE 3. In October last, I had another like case, and with similar care and treatment, the patient made a good recovery. These are but a few of the many cases of this kind that I could cite, that have fallen to my lot to care for; but I think I have described enough to present to your minds the importance of this subject. That I may not take up too much of your valuable space, I will make a summing up of this paper on the subject of uterine hemorrhages, whether from placenta prævia, abortion, miscarriage, premature or post-partum labors.

The management and the treatment are so nearly the same, that the first thing of importance in the treatment of any and all cases of uterine hemorrhages, from the causes mentioned above, is to deliver or remove the contents of the uterus as soon as is possible under the circumstances; secondly, to be dilligent in the after treatment of the patient, which sometimes has taxed our patient skill and courage.

LOBELIA INFLATA—ITS VIRTUES.

BY J. M. BUZZELL, M. D.

Noticing in the September issue of your journal an article from J. W. Holmes, M. D., in which he refers to the successful treatment of his own child, that had been bitten by a rattlesnake,

using in his treatment the lobelia with gelseminum, I thought I would give your professional readers the benefit of my experience in regard to the great value of the lobelia, which I think in the case reported by Dr. Holmes is entitled to the credit of the cure. This I say, having witnessed myself the wonderful power of lobelia alone in the treatment of the same class of cases in my practice. And I think that even Eclectics are not fully aware of the extraordinary efficacy of this remedy in the treatment of dissection wounds, or poison from dead bodies, tetanus, etc.

In 1848 I was Professor of Anatomy and Surgery in the Eclectic Medical College at Worcester, Mass. Dr. John Hooker, of Springfield, Mass., was a student in attendance at that college at that time. He assisted in an autopsy upon a patient who had died of dropsical consumption, and having an abrasion of the skin over the knuckle joint of the ring finger of the right hand in an inflamed state, ready for the rapid absorption of the poisonous virus into his system, he became poisoned, thoroughly, and in about twenty-four hours the ordinary symptoms of poison appeared. His hand and arm were swollen, great pain in the shoulder and axilla, swollen ridge upon the side, chills, anxiety, nausea, etc.

It was the wish of the patient that I should take charge of his case, and as a patient had died the year before at that college with the same disease, the circumstances were not of a character to inspire confidence in either physician or patient in this case. My treatment was as follows: I kept the patient under the influence of lobelia extract taken in pill form, or decoction in the form of enemas, so that he would vomit about once in six hours. Wine or whisky was given with good broths, to hold up the system while it was throwing off the poison from it through the workings of this valuable agent. It required about four days to cleanse the system thoroughly of its adversary, and at the expiration of that time the patient, although very weak, was relieved of all the symptoms that had threatened his life.

The patient rallied soon from his sickness, and although he may have felt some of the effects of the poison upon his system, he has been one of the leading eclectic physicians in Massachusetts, done a large practice, and lived to a good old age.

If lobelia will cure a patient under the circumstances just related, it will cure several of those diseases supposed to be incurable by our allopathic brethren. If I can find time and space I will refer to what lobelia has done in my hand in the treatment of *tetanus*.

Portland, Maine, November 22, 1884.

THE INFECTION OF VEGETABLE DECOMPOSITION—MALARIA.

BY H. T. WEBSTER, M. D.

What is malaria?—an important question, as a large share of the fevers of this country depend upon its influence. Yet we must confess ignorance, as regards its physical identity. We know simply that it is a principle, or influence, pervading the atmosphere in certain districts which tends to the production of periodical fevers. However, there are many useful facts to be learned by its study in the abstract, which prove of practical value to the medical practitioner.

First, let us understand that we exclude from the term all but what tends to the production of periodic fevers as we understand these to be, and lest we be misled by a misconception in the start, we will briefly consider what may be regarded as distinguishing features of this class of diseases.

It has already been remarked that even continued fevers throughout their course manifest to a certain degree diurnal variations of temperature of regular occurrence, and we may add that these seem essential to a proper manifestation of the vital forces, those cases being very likely to prove fatal where thermometry does not detect a diurnal decline of temperature usually in the early part of the day, corresponding to the period of greatest elevation in a state of health. Some cases of typhoid fever may manifest so decided a periodicity that the practitioner who is familiar with ordinary intermittents or remittents may diagnose them as such and administer quinine for their interruption. How futile such medication will prove to be, no one who has had experience with such cases need be told. Instead of arresting the paroxysms these become aggravated, while

serious cerebral disturbance may result from the cinchonism induced. Evidently this condition, though manifesting periodicity, depends upon an entirely different cause; it belongs to a *genus* distinct from ordinary malarial or paludal fever. Continuing, the periodicity becomes less marked, requiring perhaps the aid of the thermometer for its detection; but this fever, instead of abating after the use of quinine, or other preparations of cinchona, as in case of a fever originating from malaria, its symptoms are all aggravated and the patient passes through a mild stage of septicæmic poisoning—the ordinary typhoid phenomena—before recovery. This attack renders him less susceptible to the influences which brought about the disease, one seizure affording some protection against a second one. With the fever of marsh malaria the case is directly opposite; the periodicity is usually arrested by quinine or other reliable antiperiodics; but one attack renders the patient still more liable to a return of the disease. Moreover, while a continued fever, starting out with marked periodicity, will almost invariably lose its periodical manifestations in a few days, and take on the continued type, the malarial fever adheres tenaciously to a periodic form, even though it change its character from remittent to intermittent or *vice versa*. It may now be remarked that we confine the term malaria to the cause of the latter class, those which persist in manifesting a periodicity throughout their course, which may be interrupted by the preparations of cinchona and which tend to recur after a former attack.

The term paludal, swamp, or marsh malaria has been applied to this principle for the reason that its influence is especially manifest in the neighborhood of swampy or marshy districts. But this seems to be due to the fact, that in these districts there is more than the ordinary amount of decaying vegetable material. It seems to be true that that season of the year when vegetation has fallen and decomposition has begun, as in the latter part of summer and autumn, warmth and moisture conspiring, is attended by the greatest prevalence of malarial disease. Some, however, believe that the malarious principle exists in the soil, and is taken up by growing vegetation, being held in abeyance thus, and emanated more freely after plant growth has ceased.

But the presence of marshy districts is not by any means nec-

essary to the evolution of this principle. Many sections of country in which the soil is open and surface water is unknown are constantly influenced by it. In these cases, however, the soil is often saturated by sub-irrigation, an underlying stratum of argillaceous or clayey formation preventing deep drainage and favoring surface evaporation. In such districts the wells are shallow and it has been believed that malarious diseases are provoked by drinking the water from them. It has, indeed, been asserted that in such neighborhoods where malarial diseases are prevalent, the only families exempt are those in which the drinking water is obtained from cisterns, or is boiled or filtered.

Another source of malaria is virgin soil. New ground, when first plowed, if rich in organic material, is very liable to provoke attacks of intermittents, if prevailing winds waft its emanations toward habitations. For this reason the great prairies of the United States have been, and in newly-settled regions still continue to be, a resort of ague and other malarious diseases. As cultivation continues, if drainage is favorable to a rapid removal of surface moisture, a gradual subsidence of this influence results. Cities are not subject to malarial diseases as a rule, for the ground is covered with pavements which prevent such emanations, and here, instead, we may look for the results of sewer gas and emanations from debris of human habitations in the manifestation of continued fevers.

Whatever else may be in dispute regarding this subject one point may be considered as settled. Malaria is of terrestrial or telluric origin. That is, it emanates from something depending upon the land for its cause, for seamen or those who lead a marine life never become affected by its influence, unless they leave their accustomed sphere and visit the land. Sternberg, who has written so well upon this subject remarks: "The evidence in favor of this assertion would fill volumes and is beyond question. Those who go to sea in ships escape these fevers, in the latitudes where they prevail, until they approach the land. In tropical regions those who remain on board a vessel anchored at some distance from the shore remain in good health, while boat parties, sent ashore for provisions, etc., fall sick *with the fevers of the country*. We have African fever, Panama fever, Bengal

fever, etc.; but who ever heard of Indian Ocean fevers, or Mediterranean fevers, or Gulf fevers?''

Efforts to analyze malaria, to determine its individuality and exact characteristics, have as yet led to nothing definite. In fact, we are not much in advance of the ancients, except, perhaps, as regards perfection of methods of investigation. For centuries the opinion of the profession has militated between the ascribing of malaria to gaseous emanations, or to the suspension of minute creations—micro-organisms—in the atmosphere. Effort to discover a particular chemical principle among noxious vapors with which malaria can be shown to be identical, has proven futile. That it is a gaseous principle is an assertion based merely on hypothesis, supported by the fact that it pervades the atmosphere.

Supporters of the micro-organism theory assert that they have discovered with the microscope the minute organisms which enter the blood through the pulmonary and gastro-intestinal mucous membrane, and which, multiplying in the circulation, finally become sufficiently numerous to provoke a paroxysm. This is termed the *Bacillus malariæ*.

It would seem that the impression must be made in a great measure upon the nervous system, for no presence purely as a noxious influence ought to account for the marked periodicity manifested. It is unreasonable to suppose that the presence of any noxious agent would be dispensed with at regular intervals, and reappear as suddenly as the paroxysms of an ague, unless the nervous system were largely implicated in the periodical manifestations. The disappearance of the paroxysms upon treatment, and their tendency to recurrence at stated intervals, also tend to throw disfavor on the idea of noxious agents alone. The nerve centers are certainly involved, whether from the presence of a noxious principle alone or through the influence of some unknown law of periodicity which, once established, persists, remains yet to be shown.

Latitude has a bearing on the generation of malaria. A latitude where perpetual frosts persist is free from its influence, while in temperate regions where the heat of summer is not extreme, the rate of mortality is very low as compared with tropical regions where extreme heat tends to rapid vegetable decomposition. Here we find this class of diseases occurring in their

most severe form, remittents and intermittents proving fatal in many instances.

Races vary in their susceptibility to it. The negro can endure a malarial climate where the Caucasian would be constantly prostrated. This is not an invariable rule, as negroes are subject to malarial influence, but as a race they are by no means as susceptible as lighter-colored races, and the mortality among them is much less.

Malarial influence may become complicated with almost any other form of disease. A debilitated condition of the general organism invites its invasion, therefore we find periodical manifestations attending the course of many maladies in malarious districts demanding special treatment, for ordinary therapeutical agents fail to exert their full beneficial influence if the system is hampered with such poison. Parturient women may withstand its influence well during gestation, but the debilitating influences attending the puerperal state render the patient susceptible to it.

Antidotal precautions may be made available to prevent the depressive influence of malaria. General measures, as drainage, the avoidance of the ingestion of surface water in infected districts, the planting of eucalyptus trees where these will flourish, the establishment of forests of other growth where these will not flourish, between swamps and other breeders of the poison and dwellings, the elevation of sleeping apartments, as malaria tends to remain near the surface, may all be mentioned as proper plans of precaution.

For individual prophylaxis a common custom is to habitually administer quinine. There may be some benefit derived from this, but the remedy is often so abused as to cause more evil than good result. Quinine poisoning finally becomes as much a source of discomfort to the patient as malaria, and he knows not an hour of perfect health. Nervous, susceptible patients can take too much quinine for their physical well-being. Better resort to other plans of prophylaxis the greater part of the time at least.

The emunctories should be kept in a healthful condition. Arrest of excretion is the initiatory step in the inception of a malarial attack. If the skin, kidneys and bowels are in a state of normal activity, there is little fear of an onset. Vapor baths are among the best of means for the purpose of promoting these

functions. A thorough vapor bath, followed by a tonic treatment of faradism, repeated once a week, will prove reliable, while it invigorates the entire nervous system. In lieu of a vapor bath the hot air alcoholic bath may be used to induce active diaphoresis, this to be followed by the faradic treatment.

Eucalyptus possesses prophylactic properties against this influence, though its action is not very pronounced. Arsenic is preferable to quinia if employed in small doses, say the second or third attenuation. Jaundiced conditions indicate the need of hepatics to improve the portal circulation and stimulate biliary function. These need not consist of depleting or irritating cathartics to be efficient. Chionanthus, chelidonium, bryonia, nux vomica, or minute doses of podophyllin or leptandrin as indicated, may be employed for this purpose.

There is no doubt that a continued residence in an extremely malarious district is trying to the most robust constitution. A person may never experience an outbreak of the disease and yet be constantly depressed by it to finally succumb to some organic lesion, the probable result of its influence.

ANOTHER GRADUATE HEARD FROM.

EDITOR CALIFORNIA MEDICAL JOURNAL: In your December number Dr. Whitney calls on members of recent graduating classes to give an account of themselves. With your permission, one of the members will report progress; and that you, dear sir, may have courage to read our hasty note, we inclose the price of the JOURNAL—*our* journal—for 1885. We are too busy and tired just now to write up our cases, as Dr. Whitney has done, even if we could do so in her interesting style.

With satisfaction to our patients, so far as we know, but not entirely to our own satisfaction, we have treated persons suffering from acute and chronic cystitis, inspissated cerumen, menorrhagia, dysmenorrhea, hypertrophy of cervix uteri, hysteria, congestive intermittent fever, coryza, enuresis, spasmodic asthma, chorea, mucus dyspepsia, sciatic neuralgia, convulsions in children, urethritis, ascaris vermicularis, diabetis insipidus, phthisis pulmonalis, two obstetrical cases and one case of ascaris lumbricoides, whereby hangs a tale, which, at some future time, may

be written. When in doubt, and greatly perplexed, we have freely described cases to old physicians, also to our college professors, and in every instance have received kindly responses. We do not always yield our own perceptions and judgment, but we like to compare opinions. To be successful, close thought and careful study have been necessary, especially in diagnosing, and in regard to the nature and effects of the remedy used.

We are more than ever interested in the philosophy and facts of the study of medicine. How, and when, and where in the living body are simple remedies appropriated by the "*life principle*," with which to repair waste places and promote physiological action? What is the life principle? How can a weak and diseased stomach retain and digest one article of food and reject another, both having been taken at the same meal? In plainer words, has the human stomach elective and selective discriminating power?

Hoping to hear from all the members of the classes of 1883–4,

I am fraternally yours for light—more light,

CARRIE F. YOUNG, M. D.

OBSTETRICS AND GYNÆCOLOGY.*

BY PROF. D. MACLEAN, M. D.

Obstetrics as an art is as old as mankind, and from the earliest records it would appear that in early ages the practice was mostly in the hands of women. This is still the case in some Eastern countries. And while I believe that women are well adapted to this branch of the medical profession, when properly qualified, I do not consider that on the whole they are equal to men in emergencies, or as skillful in the mechanical and surgical interference which often becomes necessary. But the midwife, whose only qualification is being the mother of half a dozen children, more or less, and an unlimited amount of self-assurance, has outlived her usefulness and should be by law prohibited from assuming the grave responsibilities that attend the delivery of woman in labor, and her care in the puerperal state.

But obstetrics is not only an art, it is a science as well. With the advancement of civilization and the ever increasing stores of

* Read before the State Eclectic Medical Society of California, December 9, 1884.

knowledge in other departments, it has steadily kept pace and improved from a crude state to almost a perfect art, if not an exact science. I do not, however, wish to follow the progress and advancement made in obstetrics from age to age, but call your attention to some matters, in which honest differences exist in the practice at the present time.

The use of instruments is a question upon which practitioners differ, one class claiming that the natural forces are in almost all cases sufficient to complete delivery, and that forceps should only be used in cases of emergency; while on the other hand there is another class that almost in all cases resort to instrumental delivery. Which of these is right? Which is the best and safest practice? Or is it possible that both are wrong? The man who boasts he never has occasion to use forceps and the man who uses them on every occasion are not safe guides. Extremists in either class should be excluded. That the forceps in the hands of the qualified have been a great blessing and the means of relieving suffering and lives must be conceded; but that they are a terror in the hands of the ignorant is as equally true. I am, therefore, satisfied that obstetricians should become more familiar with their use, and apply them more frequently than they do.

The advice of medical authors on the question of when to use instruments may be summed up in the two general propositions, insufficiency of the natural forces, and speedy delivery demanded in the interest of mother or child. This is good as far as it goes. All will agree that if the natural forces are not sufficient to expel the fœtus, or overcome such obstacles as may interfere with delivery; or if a sudden emergency should arise, such as eclampsia, it would be justifiable to resort to instruments.

How long we should wait for the expelling forces is the important question. There is such a thing as waiting too long. As long as labor progresses with each pain it is proper to wait, unless other unfavorable conditions manifest themselves. But as soon as the head ceases to advance, even if the rest of the conditions are favorable, I believe the time has arrived for instrumental interference. And I would simply wait a sufficient length of time to be positive of that fact. There is always greater danger in prolonging the second stage of labor than in the use of

instruments in the hands of an experienced person. When the head ceases to advance it produces venous congestion, œdema, and the arrest of the mucous secretions of the vagina. The parts become dry and hot, and if delivery is not soon accomplished inflammatory infiltration sooner or later follows. The pressure on the head of the child, if prolonged, may result in asphyxia or extravasation of blood within the cranium. For these reasons, I contend, that instead of waiting for the natural forces, it is safer both for the mother and child to use instruments. A needless amount of suffering may therefore be averted and a better recovery obtained.

The question of antiseptic midwifery is another upon which obstetricians differ. Some claim that it is unnecessary and injudicious to use antiseptic precautions, while others maintain as formerly that irrigations of a solution of $2\frac{1}{2}$ per cent. of carbolic acid or 1 part of corrosive sublimate in 2,000 parts of water should be used to destroy the morbific agency of bacteria, which are supposed in a great measure to cause those diseases which follow childbirth. Listerism has done much in lessening the mortality in surgery, and I believe that antiseptic treatment in midwifery will do as much in preventing child-bed fevers.

During parturition the parts are abraded and slightly lacerated, blood vessels are ruptured and left with their mouths open, through which bacteria can find a ready entrance. It does seem to me, from this state of facts, that to pursue the do-nothing policy which is advocated by some is unscientific. If it were only as a matter of cleanliness, irrigations of the parturient canal should be performed. Proper cleanliness is an important matter in the healing of wounds. And I am satisfied from observation that the use of carbolic acid solution in washing out the vaginal tract, removes the soreness and promotes the comfort of the patient. It is not sufficient answer to say that patients do well without it, the fact is they do better with it.

In the practice of obstetrics we have two grave difficulties which frequently prove serious in the most skillful hands. I refer to placenta prævia and the albuminuria of pregnancy. How should these cases be managed? In placenta prævia should we wait until full term, regardless of the constant, ever present danger of fatal hemorrhage, which threatens our patient, or should

we when satisfied of the condition resort to premature delivery? Or in the albuminuria of pregnancy when we see the evidence of danger accumulating, threatening uræmic poisoning, which may result in convulsions fatal to both mother and child, shall we await and trust for the best? In my opinion we should not in either case. With the ease and safety that premature labor can be induced, I believe it will be adopted as the practice at no distant day. I believe it will be safer both for mother and child than the risk of sudden hemorrhage or convulsions.

While I advocate the induction of premature labor in those cases as a matter of safety, I have the utmost loathing for those vultures who practice abortion as a professional business. And it is astonishing that men of standing should be engaged in it, and that women of the best social reputation have no hesitation in soliciting the aid of reputable physicians. The times are truly out of joint. The moral conscience of the public is blunted, and the monster and his victim escape the penalties of the law.

In no department of medicine has there been greater progress than in gynæcology. But it seems to me that, of late years, in no department has there been so much abuse. Surgery has usurped the domain of constitutional remedies. We have too much surgery and too little medicine. I do not deny but operations are necessary, but I assert the knife is more frequently used than it should be. Operations have become fashionable, and the woman who has not had some kind of an operation performed on her for the relief of some supposed or real difficulty, is as much out of the fashion as the one who is wearing last year's bonnet.

Some gynæcologists have a mania for discovering cervical lacerations. No woman who has born children submits herself to the examination of certain specialists, but they find a rent that needs sewing up. I admit those rents exist in a limited number of cases, and that the only way in such cases to cure profuse leucorrhœa and relieve distressing pelvic pains is by an operation, while I contend that the operation is performed in many cases where the only benefit is to the operator's pocket.

The removal of the ovaries is another operation that is liable to much abuse. It is legitimate in certain conditions and the only means by which relief can be expected, but there are dis-

eases in which it is resorted to, that might be relieved with a proper knowledge of the use of remedies.

Pessaries are also one of the fashions of the day. It is almost an exception to find a woman who is not or has not been wearing one of these instruments, unless it be a physician's wife or daughter. I briefly call your attention to these matters that if any of you are riding a hobby you might take time to think. Do not understand that I am opposed to those operations or to the use of pessaries. I am not. But I am simply calling a halt on making gynæcology almost exclusively surgical, to the neglect of remedial agents. I am equally opposed to making the vaginal canal a sewer for the purpose of being flooded with hot water. Cleanliness is all right, but nature provides the proper secretions for these parts to keep them in a natural condition, and the gallons of hot water daily prescribed does not improve on nature's method. If it were so necessary, nature would have provided each woman with a fountain syringe that she might irrigate herself at will. Neither do I think that it is necessary that every abrasion should be treated with some local application through a speculum.

Frequently prolapsus and other uterine displacements may be corrected by constitutional treatment and by the use of uterine tonics, such as helonias and caulophyllum, with the proper use of electricity, without the use of pessaries, which are of doubtful curative utility.

Widows who suffer from dysmenorrhœa will find a more natural cure in marriage than the remonal of the ovaries. Or if such an agent is not available, vibrinum opulus and gelseminum might be taken with advantage.

Uterine leucorrhœa, even if a few small ulcerations exist, may be benefited by macrotys vibrinum or caulophyllum without an operation.

For amenorrhœa a new agent has been introduced—if old, new for this purpose. I refer to the permanganate of potash, which is said to be the best remedy yet discovered.

In conclusion let me say that I might continue this subject indefinitely, but I do not wish to tax your patience, and I have accomplished all I desired if I have succeeded in turning your attention to those matters upon which I have spoken. I thank you for your kind attention.

REPLY TO DR. WALTMAN.

BY H. DECROW, M. D.

I see in your October number an article from W. Waltman, Galion, Ohio, entitled "From East Westward." I don't take the JOURNAL, so the doctor, to be sure I would see the article, sent me one marked, so I would surely read it, with these words on the margin of the page, "That is about right, Doctor;" also sent one to the family in which we held the consultation, boasting that he was right and I wrong as he now had it published in a journal, *(as if that made it right);* also showed it to several of the physicians here. You see he was more than anxious that all should see his wonderful production.

As to the consultation. We did consult over a young lady twenty years old (he says sixteen), and I treated him like a gentleman. I disagreed with him in diagnosis and it made him mad. She had had no congestive chill, only an engorged condition of the intestines, not having had an evacuation of them for ten or twelve days. She was a hearty Irish girl, subject to nervous attacks when indisposed, and the medicine of Dr. Waltman is what produced the "*subusltus tendinum*," as he calls it. He says she was delirious; she was not so at all, only dazed from the chloral and morphia he had administered, for she answered all the questions that I asked her, and I said to the doctor, "All she needs is a physic and gelseminum alternating with aconite or ipecac, to follow after bowels moved;" and we gave the physic and then left gelseminum and ipecac in alternation to follow. The pulse was not one hundred, nor was its character to contra-indicate the aconite, as he says.

The family said before him that they did not want him to come back again, that I must come; but I protested and said she would get along now and to keep the doctor as I did not come there to take the patient. They said, No, I must come. Then I said I would come with the doctor. No, they did not want him to come back at all. So I went back and the second day she walked to my office, over a mile, feeling good.

As regards the medicine of Thorp & Lloyd Bros., I have used

them for eleven years past, and know them to be good, *none better*, as are Wm. S. Merrell's Green Tinctures.

So you see the doctor has prevaricated about the whole matter. If he had retained the case all would have been well, but he did not and of course was mad. I have been in practice for eleven years and had a great many calls from visiting physicians, and to my knowledge have never mistreated any one and have given that courtesy that is due from one physician to another. The worst enemy I have can't say I have not treated him *well* in my office, but I don't know him outside. When the doctor called I was busy, having two or three patients waiting to be treated. After introducing himself I invited him to be seated and asked to be excused for a few moments until I had waited on my patients and I would be glad to talk to him. But no, he had not time, so left and I called upon him in a few days and spent a half hour or more in his office. Does this look as if I did not wish to talk to him?

AGENTS WHICH INFLUENCE THE CIRCULATION.

BY PROF. D. MACLEAN, M. D.

ALCOHOL.

Physiological Action on Circulation.—Toxic doses of alcohol reduce both the force and frequency of the pulse, at the same time it reduces the arterial pressure. The force is reduced by the depressing effect of alcohol on the heart itself, and the frequency by the inhibitory stimulation of the vagi. If the stimulation is carried far, it produces paralysis of the vagi and then the pulse may be increased.

In moderate or small therapeutic doses, alcohol increases the force and frequency of the pulse, with increased arterial pressure.

Therapeutic Indications—A *feeble*, *non-resisting* pulse. Under any circumstances when we have a failure of heart power, whether it be from exhaustion, loss of blood, or the effect of some poisonous depressing agent, alcohol is indicated. In adynamic fevers where the pulse is quick and feeble, it is specially indicated, as by stimulating the heart and increasing the force it

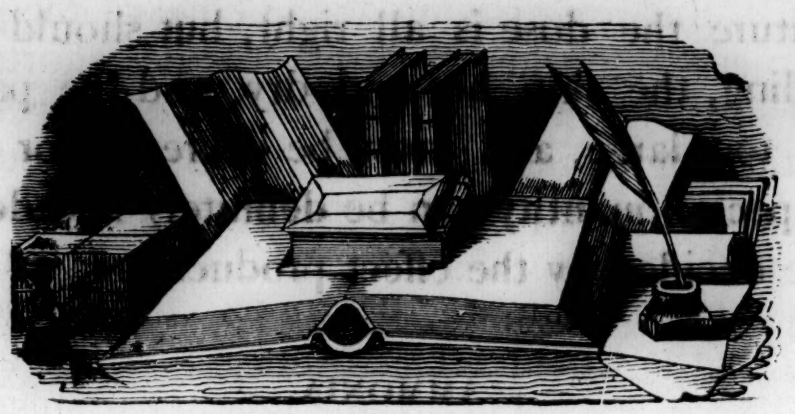
reduces the frequency. The size of the dose must always be guided by the effect. So long as it lowers the pulse and reduces the temperature the dose is all right, but should the pulse become bounding, the skin hot and dry, and the patient restless, the dose is too large, and must be decreased or omitted for a time. No special quantity can be definitely laid down, but each case must be decided by the effect produced.

AMMONIA.

Physiological Action on the Heart and Blood Vessels.—Large doses of ammonia produce a temporary decrease in the pulse rate and blood pressure, followed by a sudden rise in the rapidity of the heart's action, and the pressure in the arterial system. This decrease in the arterial tension is only observed where large doses have been administered, either internally or by intravenous injections; the condition is undoubtedly owing to the temporary action of the poison on the heart.

When given in therapeutic doses it is a powerful arterial stimulant, though not lasting in its effects. It stimulates the accelerators of the heart and the muscular walls of the arteries, producing an increased warmth of the surface, and a general feeling of activity throughout the whole system.

Therapeutic Indications.—The most prominent indication for the use of ammonia is failure of the heart's action. It is especially indicated in *sudden faintings*, *exhaustion*, *shock or collapse from injury*. It does not appear to be of any advantage in the failure of the heart in adynamic fevers. The aqua ammonia and the carbonate are the preparations usually used to influence the circulation. Either preparation can be inhaled or given internally. Ten to fifteen min. of the aqua ammonia, diluted with four parts of water, is sometimes used as an intravenous injection in failure of the heart during anæsthesia, which may be repeated every fifteen minutes. Or the same method may be adopted in any sudden collapse from any cause.



EDITORIAL.

A Probable Revolution in the Physiology of the Brain.—The *Medical Record* contains an account of the success of Professor Luciani in an attempt to remove the cerebellum of a dog without destroying life. By infinite care and the proper application of surgical principles, this organ was totally removed and the animal recovered.

During the early stages of inflammatory action, or during the irritation resulting from the operation, the symptoms of want of muscular coordination were prominent, but as recovery advanced these symptoms disappeared, and the symptoms were rather those of loss of muscular tonicity, though the power of coordination was restored.

"When healing is finished, the so-called incoordination (contractures and pseudo-paralytic debility) disappears, the animal can walk for longer and longer distances without falling. What strikes the observer is the deficient proportion, firmness and tone to the individual muscular contractions and their want of fusion; in a word, a kind of 'cerebellar ataxy,' difficult to describe accurately. This disorder of the movements is not, as the 'incoordination' of the first period, sufficiently serious to prevent the animal from effecting its various voluntary acts; and, upon closer investigation, resolves itself into a kind (not of paralysis nor paresis, but of motor 'asthenia.' For instance, if, instead of walking, the dog were made to swim in a pond, then its movements were perfectly normal. Not the least sign of want of equilibration was noticable; the four limbs acted with ease, the animal being propelled in the water just as it had been noticed to

do before the operation, showing a full coordination and adaptation of the individual movements necessary to the performance of the action. But, on arriving at the edge of the pond, the dog was unable to get a footing, in spite of its efforts. Professor Luciani lays stress upon the great difference between the normal behavior of the dog while swimming, and its disturbed motility when performing acts requiring a greater development of muscular energy; and concludes that the 'cerebellar ataxy' just deseribed, is merely a manifestation of a kind of motor asthenia, that is to say, of the insufficient muscular tone; or influence exercised by the nerve centers upon the voluntary muscles."

Calcarea Carbonica.—Professor Maclean's paper on calc. carb. has been a source of some disappointment to us. While it contains many truisms it ignores completely, in our mind, the true therapeutic principle existing in the agent, going off after the chemical element lime and ascribing all its influence to that source. This is the kind of mistake which has been made from time immemorial.

It ought to be generally conceded that therapeutic influence cannot always or even usually be accounted for by the laws of chemical action. When we unravel vital processes—account for the principle of life, then we may attempt to adapt chemical elements to the cure of vital disturbances.

Oyster shell in the third trituration contains but a moiety of lime, so little that we would hardly expect its virtue to depend upon this element, and that it does not is proven by the fact that carbonate of lime produces no such results when administered as such in disease. The therapeutic influence of calcarea carb. depends instead, without doubt, upon the organic principle of the shell, instead of one of its inorganic constituents.

Why this is, we will explain when it can be shown why vegetable remedies so nearly alike in chemical composition differ so materially in therapeutic properties, one being almost inert, while another possesses the most powerful toxic principle, capable of producing death in a very brief space of time; why one agent selects tissues in one part of the body, while another almost identical in its chemical composition selects a locality as distant as possible.

Drug action will never be studied successfully except from a clinical standpoint. Physiological proving may suggest the direction of proper observation and experiment, philosophy may account for some of the relations existing between morbid states and therapeutic agents, but Nature in her secret fastnesses scoffs at all attempts to account for her unaccountable processes.

Dilatation of the Cervix Uteri for the Vomiting of Pregnancy.—For a number of years the nausea of pregnancy has been ascribed to abnormal conditions of the cervix uteri. Bedford, in his time, proposed to remedy these cases by the application of belladonna ointment to the part. Later, the cauterization of the os with nitrate of silver was practiced, and at a still later date dilatation of the cervical canal has been resorted to with reported success.

The assertion that this complication of gestation invariably depends upon hyperplasias of the cervix seems a little strained; for while such condition may exist in numerous cases, we find morning sickness the rule in many a primipara where irritation has, apparently, never tended to the production of interstitial changes. However, as it has proven a fruitless search to find positive means of relief by way of constitutional remedies, if clinical experience teaches any reliable method of obviating this distressing condition by mechanical means, we should not hesitate to avail ourselves of its use. Philosophize and theorize as we will upon the modus operandi of curative action, we must still yield the palm to clinical result as the only reliable teacher of the healing art.

Dr. Wylie *(Medical Record)* reports an extensive and flattering experience in relieving the condition by the practice of dilatation. He dilates the canal to about the diameter of three-fifths of an inch and finds it not only successful in relieving the nausea but perfectly safe so far as the danger of producing abortion is concerned. Sometimes he accomplishes this with the index finger, but he asserts it to be a very difficult operation with many primipara by such means. He usually employs a uterine dilator bent nearly at right angles so that not more than three-fifths of an inch can enter the canal. In some cases there will be relief, after

even moderate dilatation and usually one dilatation relieves all difficulty.

We reproduce the plan as described by Dr. Wylie as above mentioned, in his own language:

If a patient comes to me suffering from nausea and vomiting, and there are other symptoms of pregnancy, instead of dosing her, I make a local examination and give local treatment for any disease of the cervix that I may find. If there is no active disease I would dilate the cervix, knowing from experience how frequently it will give relief. The dilatation should not be made when the menses would be due, nor when any of the usual premonitory symptoms of the menses existed.

The vulva and vagina are carefully washed with a 1 to 3,000 solution mercuric bichloride, I then dip the blades of my dilator in pure carbolic acid and shake off the free acid and introduce the points into the cervix for about half an inch, and slowly dilate until the blades separate from one-third to one-half an inch. If there is an eroded or everted diseased tissue present, I touch it lightly with an applicator that has been dipped in pure carbolic acid. I then, with a powder-blower, cover the cervix with a thin layer of iodoform, and place against the cervix a flat pledget of borated absorbent cotton soaked in pure glycerine, which is to be removed in twenty-four hours by means of a short string attached to it. In some cases there is slight pain, but in most cases no pain or real disturbance whatever is produced. As a rule, this will relieve nausea; but after four or five days, if there is still nausea, I repeat the dilatation and may pass the dilator three-fourths of an inch, and in some cases where the cervix is long, even more. Very rarely will more than two dilatations be needed. In some cases the cervix is so patulous that dilatation may seem to be useless, but well up in the cervix tight bands may be found, and when stretched complete relief is effected. Even where the cervix is lacerated and apparently open, bands may be found, and when stretched relief is obtained. It is easy in such cases to recognize when the end of the dilator comes against the os internum, for it is firmly closed, and by passing the instrument until the os is felt and then slightly withdrawing it, dilatation can be done without much risk. In severe cases the cervix may be of a very bluish-black color. The glycerine application causes a free watery discharge and relieves this congestion. Formerly I used nitrate of silver for granular erosion, but I found that the carbolic acid and glycerine has an equally good effect.

If there is a doubt about the amount of dilatation, the best test is to put the patient on her back, and when the index finger, up to the first joint, can be easily passed into the cervix, the

dilatation is sufficient. Before resorting to abortion in any case where dilatation up to the os internum failed, I would first dilate the os internum and wait long enough to see if it would stop the vomiting, for this can be done in some cases without abortion necessarily following.

A Novel Use for Hair-pins.—The ladies of Philadelphia and vicinity (Philadelphia *Medical Times)* have put hair-pins to a novel use. At a medical association held in that city recently, Dr. Baer exhibited a hair-pin removed from the uterine cavity of a patient hailing from New Jersey. The woman stated, that believing herself pregnant she had tried to produce an abortion by inserting the blunt end, as she grasped the points, while poised over a mirror placed on the floor. A uterine sound detected the presence of the pin. A uterine dilator was employed to open the os, and a pair of forceps aided in removing, though in its descent one point became imbedded in the tissues of the cervix, requiring the use of the knife to release it.

Dr. Sinkler exhibited another hair-pin removed from the vagina of a patient who had also attempted to produce an abortion with it. She failed to introduce it into the uterus, and also to remove it from the vagina. The Doctor found the points widely separated and penetrating the vaginal walls. It had been in the vagina for some time.

Rumex in Coughs.—A number of years ago our attention was called to the rumex crispus as a remedy for dry, tearing laryngo-tracheal coughs, and being then in a neighborhood where the plant was all too common for the average farmer, we prepared a saturated tincture of the green root and used it in a number of such cases with good satisfaction. Since then we have drifted out of its use, but feel confident that in such cases it is a very reliable and prompt remedy.

Dr. Joslin, a homeopathic physician, demonstrated the affinity of the agent for these parts by a system of provings, and it is spoken of highly in Hale's New Remedies for the condition described above. Hughes, in his Manual of Pharmaco-dynamics, says: "The chief use of rumex is in laryngo-tracheal cough. The symptoms are those of catarrh with excessive irritability of the

laryngo-tracheal mucous membrane, causing a violent, incessant and fatiguing cough, with little expectoration. Pressure, talking, and especially inspiration of cool air causes aggravation. There is often a sense of excoriation behind the sternum."

Dr. Hughes' experience with it, however, has not always been favorable. He continues: "I have several times prescribed rumex with success in this kind of cough, but quite as often with entire failure though it seemed thoroughly indicated. When it cures it does so with almost magical rapidity."

The action of rumex on the skin is well known; whether it influences the glandular system is a point of dispute.

We employed about twenty or thirty drops of the tincture to four ounces of simple elixir, a teaspoonful every three or four hours.

Cholera Vanguard?—According to past experience, the advent of cholera may be expected during the hot months of the present year, and some premonitions of the coming storm are believed to have already been realized. In a number of portions of the country, remote from each other, fatal epidemics have broken out, attended by remarkable mortality. In these cases intestinal irritation has been a marked feature, and it is not impossible that the oncoming cold weather alone prevented the fact from being developed that true cholera is landed here.

A notable instance is an epidemic that prevailed in southwestern Virginia and eastern Kentucky, in which whole families perished. Several hundred persons died in a short time from the ravages of the epidemic. In a district estimated at seventy or eighty miles in extent, situated along the slope of the Cumberland mountains, from three hundred to a thousand persons died. In a number of other instances endemics of more than usual fatality have occurred, where thirst, bowel irritation, cramps, profuse watery discharges and rapid sinking, akin to the symptoms of Asiatic cholera, have been the leading symptoms. In Wise county, Virginia, the deaths were so numerous and frequent as to render interment with ordinary facilities a matter of difficulty. If not cholera, there were features about the endemic certainly not more pleasant.

Old and reliable observers, who, from former experience, are

qualified to express authoritative opinions, assure us that there is little danger of the visitation of cholera here as an epidemic, although we may be subject to sporadic cases. The "glorious climate of California" possesses qualities, which will, in all probability, afford us immunity from any severe onslaught. If Asiatic cholera would visit us and select Asiatics alone, possibly there would be a full vote for its visitation by the average Californian. We could spare fifty or sixty thousand Chinamen and not mourn at the loss.

Some of the Therapeutical Uses of Chloral Hydrate.—The common use for chloral hydrate—to relieve pain and produce sleep—is too well known for comment. We know from experience that it is convenient for occasional resort, but often unreliable until pushed to dangerous extremes, where we greatly need an anodyne or hypnotic.

The agent, however, promises to become one of true curative powers as its uses become more fully developed, and we may yet find it one of the indispensables in daily practice, where we do not desire either an hypnotic or anodyne agent.

Last August we published an article by Dr. Ross, in which he related a remarkable recovery following the administration of this drug for palliative purposes in what seemed to be a hopeless case of albuminuria. The case had apparently advanced beyond any chance of recovery. The urine was albuminous, there was general anasarca, and finally, convulsions, with intermediate coma, succeeded. The priest had been called, the "extreme unction" had been performed and the patient given up to die, when thirty grains of hydrate of chloral were injected per rectum to quiet the convulsions. On returning the following morning expecting to find his patient dead, the doctor was astonished to see him open his eyes and greet him intelligently with a "Good morning, Doctor." Continuing the chloral the urinary secretion became free and the patient ultimately recovered.

Acting on this suggestion we have prescribed it in a single case with apparent benefit. The patient was in the initial stage of chronic nephritis, and so improved as to go to the country in a state of apparent health and was thus lost sight of.

If the agent fail to accomplish anything in this direction upon

further trial, it still has a place in the treatment of pruritis. Locally its use is well known; its application to this disease as an internal agent is not so well known. However, it has been recommended by good authority internally for urticaria, erythema and other evanescent skin affections, and we are convinced from trial that it is the most reliable agent we have in such conditions.

We have used from one-fourth of a grain to one grain in these cases, with positive and speedy response. The dose may be repeated every two hours.

Recently the agent has been employed as a substitute for cantharides to produce vesication. We are directed to sprinkle powdered chloral on ordinary adhesive plaster, melt it with a gentle heat, then apply to the part. It will vesicate in ten minutes.

Catheterization of the Ureter.—In certain cases the introduction of a catheter into the ureter by way of the urethra might prove of decided advantage, both in diagnosis and treatment. In certain diseases of one kidney its removal might save the life of the patient, provided the opposite organ were secreting urine in sufficient quantity to free the blood of the solid urinary constituents. If a catheter could be introduced into the side corresponding with the kidney the action of which is to be determined, this might be decided with certainty.

The presence of a calculus in one of the ureters might also be thus decided or the differential diagnosis between hydro-nephrosis and an ovarian cyst.

Thus far the maneuver has been practiced on women only, the anatomical relations of the male urethra presenting unsurmountable obstacles to anything like success in the latter sex.

Dr. Simon first practiced catheterization of the ureter. This was accomplished by dilating the urethra, when the opening was found by exploration. But it seemed that Simon possessed more than the average dexterity, as those who attempted to follow him in his plan failed. Though Simon succeeded in reaching the pelvis of the kidney in all but two out of a total number of seventeen women catheterized, Winckle asserted that he could

not even recognize the orifice of the duct. Others also failed to introduce the catheter as directed by Simon.

The next plan was put forward by Greenfield, who invented an endoscope, with a glass in the extremity, which, introduced through the urethra, enabled the operator to bring the orifice of the ureter into view, and with a peculiarly constructed sound explore the canal. Many difficulties are said to attend this maneuver. Unless the bladder is distended the operation is impossible. Opacity of the fluid contents from the presence of mucus is liable to seriously obstruct vision, and the distension is necessary to remove folds which would otherwise interfere with the detection of the opening. The instrument is also manipulated with difficulty, and even long experience and practice fail to qualify the manipulator with elements of success.

In 1881 Dr. Carl Pawlick demonstrated the most successful and practicable method yet known. It depends upon the recognition of the fact that the trigonum vesicæ, the apices of which correspond to the openings of the ureters, is recognizable by both eye and finger through the vagina. While assisting in Dr. Carl Braun's clinic in operations for vesico vaginal fistulæ, he observed that by introducing a finger through a fistula into the bladder, a catheter introduced through the urethra could be guided into the ureter, and he later found that the finger in the vagina would serve the same purpose. After further experience he found that a speculum in the vagina was unnecessary, for with the finger introduced into that organ a catheter could be felt and guided into the ureter successfully through the vaginal wall.

The principle appears simple, but its successful application must depend upon nicety of touch and a thorough education of the senses to the anatomical parts concerned. Ordinary practitioners of medicine can hardly expect to be sufficiently expert to accomplish the feat.

Dr. Belfield, to whose valuable work on "Diseases of the Urinary and Male Sexual Organs," we are indebted for these points, employs a flexible sound, straight, except that the last half-inch is bent to a slight angle with the shaft. "With the finger in the vagina the trigonum is slightly raised so that the orifice of the ureter shall rest on the inner side of the finger. The point of the instrument introduced into the bladder can readily

be detected and should be guided so as to enter the orifice. The first attempt will probably be unsuccessful, the point engages in the mucous membrane in the vicinity of the ureter, and the mistake is discovered only when the effort to advance the instrument meets with decided resistance. When finally the instrument enters the ureter the fact can be ascertained by observing that while it progresses readily in the direction of the ureter it cannot be moved laterally without decided resistance.

After the introduction of the sound a catheter of proper size, having the closed end cut off can be slipped over it.

In case of question as to the functions of either kidney in the male, attempts have been made by variously devised instruments introduced into the bladder, to occlude the orifice of the opposite ureter, but little success has attended these efforts on account of the uncertainty of the operation.

Spina Bifida Cured by Operation.—Dr. Epley, in the *Journal Am. Med. Assoc'n*, describes a case of this disease in a well-formed female child, weighing in the neighborhood of ten pounds. A tumor about the size of a hen's egg was located over the third dorsal vertebra. It was attached by a pedicle about an inch in diameter, and at its point of attachment there could be felt an opening in the vertebra the diameter of an ordinary lead pencil. Manipulation of the tumor caused the child to cry.

When the child was three weeks of age a clamp was put around the pedicle as a test of the effect which its removal might produce. This was followed by a succession of moderate convulsions. After this the clamp was removed and the pedicle was transfixed by a silk ligature, which was tied. The tumor was then removed.

Considerable nervous disturbance followed the operation, though it did not amount to convulsions. The wound healed in nine days. The tumor was found to be lined with synovial membrane and contained a small amount of spinal fluid.

Grindelia Squarrosa.—The progressive physician is constantly restudying his materia medica. He knows that old ideas slip from memory and require to be reconned that they be not

completely lost. Perhaps, also, in his former studies, he overlooked some valuable point.

Grindelia squarrosa is one of our valuable California productions. It has not, perhaps, been awarded its full share of attention, and we will devote a little space to a consideration of some of its claims. The drug was brought to the notice of the profession about the time a number of new remedies were appearing, and for that reason, probably, it was not so thoroughly tested as it might otherwise have been.

Dr. Bundy, formerly of our college, was its introducer, and the first one, we believe, to test its physiological action—upon himself. This test was of value, as showing its direction of action, the organs and tissues influenced, and the character, in a measure, of that influence. We reproduce it as published in *New Preparations* in 1878:

The test I have spoken of was to decide its physiological action on the human economy; and, selecting myself as the subject, I commenced at seven in the evening, by taking one teaspoonful of the tincture I had prepared. In half an hour I took another, at which time I began to feel a terrible fullness in my head as though I had taken ten or more grains of quinine. This continued for about ten or fifteen minutes, when I was taken with pain in my left eye and the right knee joint, precisely like acute rheumatism. The pain in my knee did not last more than half an hour, and at this time I took the third teaspoonful (my wife begging me not to take any more, that I would get poisoned.) The pain in my eye became the most intense that can be imagined, the pupil becoming dilated largely; and, strange to say, it was two hours before the right eye became affected, but when it did, my misery was only doubled.

At the time the right eye became affected, I was taken with an unbearable pain in the entire region of the liver and spleen, and so severe was the pain that I could not be still one moment, and the soreness in the region of the pain was like nothing with which I can compare it, except acute rheumatism. With a towel tied tight around my head, and hot applications over liver and spleen, I passed the most terrible night of my life, and my wife hoped it would be my last experiment in testing drugs. The pain of the eyes was in the *eyeballs*, and ran directly back to the brain, and to turn or move them, was torturing In fact, the pain produced by the drug wherever it occurred, was that of rheumatism—pain with soreness. The conjunctiva was remarkably injected, and the eyes presented the appearance noticeable in congestion of the brain. * * * The action of the drug upon

the nervous system is most remarkable. At first, when given in full doses, it acts upon or influences the optic nerve, and in a little time it just as surely influences the par vagum, and to that degree that it seems to interrupt respiration. The interruption to respiration in my case was so great as to prevent sleep, even if the pain had not prevented. The moment I would fall asleep the respiratory movement would cease, and it would not be resumed until awakened by the suffocation that resulted from the suspension of respiration.

This proving is a source of instruction not only on account of the lesson of tissue affinity that it teaches, but to illustrate the folly of the long advocated doctrine that the picture presented by the prover affords a correct *similimum* for attenuated doses of the drug.

Surely the principal tissues and organs affected point out its sphere, and clinical use has shown how valuable it is to promote healthy action of the spleen, liver and tissues of the eyes, when these become deranged from malarial affections; but nobody has found it to afford any relief in the pains of rheumatism to which our prover has compared those produced by it. Indeed, such stress is laid upon this symptom by the prover that we will hardly doubt that he finally tested it in that condition and failed to derive any marked beneficial influence. The pain and soreness consequent upon enlargement of the spleen subside as the organ returns to nearly its normal condition; but this, thus far, seems to be the only kind of pain amenable to its influence.

The clinical reports of Dr. Bundy and others seem to establish the value of the drug in removing malarial cachexia, complicated with enlargement of the spleen. In such cases, the chills often become stubbornly persistent and refuse to be removed by quinine, arsenic or ordinary anti-periodics. If interrupted, they return in seven, fourteem or twenty-one days. Here the squarrosa seems reliable in confirming the interruption of the anti-periodic, the chill remaining away under its influence and the wasted energies of the patient recuperating.

Dr. Bundy reported a case of cerebral hyperæmia in a child in which he claimed marked beneficial results. The child was thirteen months of age; the symptoms were hot head, flushed face, injected eyes, tossing and restlessness, bowels relaxed. The

treatment consisted of a combination of the squarrosa and aconite, in the proportion of aconite twenty drops to three ounces of water, with a drachm of the grindelia. The success here proves nothing in favor of the remedy under consideration; for the aconite would probably have accomplished all this alone, and doubtless deserved the credit of effecting the cure. In another case where a patient had contracted a severe cold in the head, attended by much soreness in the eyeballs, a prescription of grindelia squarrosa and eriodyction or yerba santa, removed the symptoms in twenty-four hours, affording some testimony as to its value as an ocular remedy. The doctor offers the following indications for its use: "A pallid and soft skin, pale mucous membranes, puffiness of tissues, hypertrophy, and especially of the spleen; ringing in the ears, soreness of the eyelids and muscles generally and pain in hepatic and spleenic regions," as well as nervous irritation.

Dr. Munk reported cases in the *American Medical Journal*, 1878, corroborating the testimony of Dr. Bundy as regards its efficacy in chronic malarial poisoning—malarial cachexia. Dr. Goss, in "New Preparations," 1875, also testified in this same direction, adding an opinion that the remedy would become one of our most reliable remedies for glandular obstruction generally, an opinion which has not been confirmed by further experience, we believe, except so far as relates to the spleen individually.

Among others who have written on the remedy a few additional uses have been mentioned. Dr. Hicks found that in addition to the removal of enlargement of the spleen a long standing obstinate pustular eruption on the face was also removed. It has been recommended by a number of writers for asthma, but has, we believe, not filled expectations in this particular.

One error which many of the reports contain is its influence in enlargement of the liver, as though it was equally efficacious in the reduction of an enlarged liver and an enlarged spleen. The spleen we know is an organ which may be removed without death necessarily following as the result; but the liver bears an entirely different relation to the organism. If it undergo interstitial change, and this is a very probably result of appreciable enlargement, except perhaps in the temporary congestion which follows pyrexial action, it is doubtful that grindelia squarrosa or any

other remedy will reduce its size, the enlargement signifying organic changes of malignant, cirrhotic, or other incurable character.

To sum up, then, thus far grindelia has been asserted to relieve and cure chronic malarial cachexia, with or without enlargement of the spleen, to relieve pain and soreness of the eyeballs, and remove pustular affections of the face, while it is of reported but doubtful efficacy in asthma; and in addition has been used successfully as a topic in eczematous ulcerations.

As the new remedy excitement is now somewhat abated and the subject may be viewed in a calmer light, we suggest that our friends in the malarial districts of the country restudy grindelia squarrosa, testing its reliability in chronic ague, dumb ague and hypertrophy of the spleen, and furnish us reports corroborating or denying its *general* efficacy in such cases.

Thus far we have three remedies for enlargement of the spleen which are deserving of mention: the polymnia uvedalia, the ceanothus Americanus and the grindelia squarrosa.

An Hydropathic Cure for Asthma.—Mr. T., an old patient of ours, has suffered with severe attacks of asthma, occurring on an average of about once a week for a number of years. The attacks were painful to witness, the sufferer struggling desperately for breath, while under their influence.

Chloral, morphia, gelseminum, lobelia, sanguinaria, iodide of potassium and a number of other remedies had failed to afford more than temporary relief, when an acquaintance suggested, upon previous knowledge of its efficacy, a cold water pour along the spine every morning.

Mr. T. had little faith in the measure and applied for the opinion of the writer as to the probabilities of its aggravating his case. Being encouraged to give it a trial, he began by submitting to the treatment every morning before going to his business. The application was made by the patient sitting over a tub of water, leaning slightly forward, while his wife poured a quart of cold water upon the vertebra prominens in a small stream, which coursed along the spinal column and fell into the vessel below. In a few days the difficult breathing disappeard, and though exposed to the ordinary provoking causes a number of times since,

and having contracted a severe cold at one time, the asthmatic symptoms have been hardly noticeable for the last three months.

Since improvement became marked, Mr. T. advised the same treatment to a gentleman of San Francisco, an old sufferer from asthma, and has been pleased to know that it has given great relief when drugs had lost their power to afford much temporary benefit.

One swallow does not make a summer, but a number make a flock, and such reports are worthy of notice as furnishing valuable hints to every reader of the JOURNAL.

Hydropathy affords some fine points in the treatment of disease, and this seems to be one of them, and one of the most reliable works among authorities on the subject is that of Dr. Bourne, noticed in this issue.

NOTES.

A French physician has proposed to protect patients from yellow fever by vaccination.

The "littleness" of the old school code men is illustrated in the recent scurrilous attack upon the President of the New York Academy of Medicine by a number of its members, prominent among whom was Austin Flint, Jr. If greatness is measured by private acts, what a pigmy this Professor and authority upon physiology has shown himself to be.

Dr. Ferguson read a paper at the November, 1884, meeting of the Macon Medical Society, in which he refers to the report that the tattooed woman gave birth to a tattooed child, as a fraud. Upon writing to the accoucheur who attended the woman a reply was received stating as much. The tattooing was done soon after birth—an advertising dodge.

IN Dr. Maclean's article on aconite, in the January number, the word "tonic" appears a number of times, flatly contradicting the writer's assertion that aconite is not a heart tonic. The editor is to blame for not giving the copy a more careful scrutiny. The first word in the second paragraph, should be *toxic*. The word tonic in the fifth paragraph should also be *toxic*.

Dr. Hughes Bennett, of London, has recently made a remarkable diagnosis, in localization of a brain tumor, and directed a surgical operation which led to its successful removal. It is believed to be the first of the kind thus treated. He diagnosed an encephalic morbid growth of limited size in the upper part of the

fissure of Rolando, and requested a surgeon to trephine the skull over the suspected region. This was done by Mr. Rickman Godlee, and a mass of glioma, the size of a walnut, was extracted from under the gray matter of the upper part of the ascending frontal convolution. The operation was performed November 25th, and the patient was doing well on December 6th *(London Medical Times)*. The chief symptoms which led Dr. Hughes to diagnose the extent and locality of the tumor were paroxysmal twitchings of the arm on the same side, followed by slowly progressive paralysis of the hand, and, later on, by twitchings of the eyelids and leg without paralysis. These symptoms were accompanied by double optic neuritis and violent headache.—*Buffalo Medical and Surgical Journal.*

BOOK NOTICES.

THE HOME DOCTOR. By Dr. Bourne. Published by Mrs. C. F. Young, M. D., Berkeley Station, East Berkeley, Cal.

The author of this work, Dr. Bourne, now several years deceased, was an old friend and member of Mrs. Young's family for many years, and that lady testifies to his extraordinary success in the treatment of disease. Hydropathic appliances are the means which he employed and which are recommended in this work, which dwells fully on the treatment of many forms of disease. Though arbitrary in some of his strictures upon medical practice, we commend the work to our readers, for those who devote themselves to a hobby develop its best qualities. We need not believe, as our author believes, in all instances; we should be competent to select that which is good and leave the objectionable features as we find them. The price of this book is $3.50. Address Mrs. Young as above.

A MANUAL OF THE MEDICAL BOTANY OF THE UNITED STATES. By Lawrence Johnson, M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, Fellow of the New York Academy of Medicine, etc., etc.

This is the December number of *Wood's Library* for 1884, and, we learn from the preface, was intended by the author as a text-book for American medical students on Medical Botany.

Upon investigation we find the list of indigenous agents well represented; even our California remedies have found a place in its pages, though the therapeutic properties described are hardly as

we would have expected. For example, speaking of the properties of Berberis Aquifolium, the author says: "Whatever therapeutic effects may be produced by barberry is undoubtedly due to its most active principle, berberina. As this is present in but small proportion the bark cannot be a very active agent. The European species, *B. Vulgaris*, has been used to some extent as a tonic, chiefly in domestic practice. The American species have also been experimented with, but are not very much esteemed. The berries are sometimes used to prepare a cooling drink in fevers, etc."

Of the grindelia squarrosa he writes: "The therapeutic effects of grindelia appear, in many respects, to bear a striking resemblance to those of turpentine. In moderate doses it stimulates the mucous membranes and has been found very beneficial in chronic catarrhal affections, especially those of the respiratory tract and urinary organs. Very large doses have occasioned renal irritation," etc.

The author seems to overlook the best therapeutic uses of these agents, leaving us to infer either that he has little experimental knowledge of them or has, in his use of them, been strangely oblivious to the most important uses made of them by the profession at large.

In one respect this work is a remarkable one. The author, a teacher in an old school college, speaks of a professor in an Eclectic college in kind terms, and gives him credit for assistance in the preparation of his work, in his preface, as follows: "The wood cuts of Clematis Virginiana and Anemone patens var. Nuttaliana were kindly placed at my disposal by Prof. J. U. Lloyd and Mr. C. T. Lloyd." The world moves.

The work is finely illustrated with nine colored plates representing leading agents, besides a large number of wood cuts, faithfully delineating the outlines of different specimens.

SELECTIONS.

OLD CODE TACTICS.

The spirit of the old codists is fully illustrated in their recent attack on Dr. Benjamin Fordyce Barker, one of the most prominent and esteemed physicians in the country, now President of the New York Academy of Medicine. Charges of the gravest character were preferred against Dr. Barker, the President of the Academy, by Drs. Edward S. F. Arnold, Austin Flint, Jr., Nathan Bozeman, S. S. Purple, C. S. Wood, and William Young. They accused Dr. Barker of perjury in subscribing in the signanature book of the Academy to the statement that he was a graduate in medicine, of Paris, of the date of 1844, while he was not at that time and had not been at any subsequent time a graduate, and also of violating the laws of the State in practicing medicine without a diploma.

When the report of the committee to whom it had been referred was called for, an effort was made to exclude reporters, close the doors, and act in a star chamber manner. A prompt negative was given to these tactics, it being shown that the accusers had already given wide publicity to the charges, and that the defense should be equally public.

Dr. Smith's reading of the report of the Committee on Ethics was punctuated with applause at every place favorable to the Academy's chief officer and it showed increased fervor each time. The report took up the charges and specifications in detail and found the sole evidence against the claim of Dr. Barker to a Paris diploma rested on the fact that the proper Paris records were silent on the subject. It declared that the statement in the signature book of the Academy of 1854 was evidently written in, and called attention to the fact that Barker applied for fellowship in the Academy as a graduate of Bowdoin College. The report then presented Dr. Barker's explanation of how he obtained the Paris diploma. In brief, it showed that he had studied at the Ecole de Medecine in 1845, was called home by illness in his

family before receiving a diploma, visited Paris ln 1861, and through a conversation at a dinner with Professor Trousseau, of Paris, and the Minister of Public Instruction, learned that the school had issued him a diploma, which he received a few days afterward from M. Trousseau.

Dr. Barker was unable to produce his diploma, as he lost it among others when he removed from his home in Union Place to Madison avenue in 1862.

In corroboration of this statement, the committee's report continued, Dr. Barker produced letters from Dr. Edwin H. Davis and Professor R. Ogden Doremus, who were present, among others, at the gathering of friends who greeted Dr. Barker upon his return from Paris in 1861, and to whom he showed the diploma of the Ecole de Medecine. The reading of these letters, which were dated last November, and which recalled the occasion by a dozen incidents and features, set all the physicians to clapping their hands vigorously. In conclusion, the committee reported that they could not offset the testimony of Dr. Barker and these other two witnesses with the defectiveness of public records. and they accordingly found the charges not sustained.

It was so evident that in the work of obtaining evidence on the part of the accusers there had been foul play, that Dr. Joseph W. Howe moved to appoint a special committee, with power to hire an expert in handwriting, to ascertain by what means the records of the Academy had been tampered with. as shown by the committee.

Dr. John C. Peters then moved a vote of censure on the Fellows who had made the charges, for not having followed the usual rules of the State Medical Society and consulted Dr. Barker concerning them.

Dr. D. B. St. John Roosa—I move as an amendment that we ask for the resignation of these gentlemen. They have assumed that the President of this Academy has lived a lie, and have assumed it without investigation. If a little investigation had been made we could have disposed of these charges in twenty minutes. The insufficiency of the Code of Ethics of which we have heard so much as not having been well administered, touches more than anybody else the gentlemen who made these

charges. They have made these charges without any circumspection, without any kindness of spirit, without any love for one's fellow—in a word, without any of those kindly sentiments which should actuate one gentleman in his dealings with another In these circumstances the least we can do is to call upon these gentlemen to resign—a resolution which I now offer in the form of au amendment to the resolution of Dr. Peters.

Dr. W. G. Wylie—I don't think it would be fair that all of them should be called upon to resign—except him who appears to have been a leading spirit. [Cries of "No, no," and a voice—"They're all Code men."] Some of them may have signed the paper innocently, without knowing the significance of their action.

Dr. Abraham Jacobi—Everybody has the right to be mistaken without being visited by the severe punishment which expulsion would imply. I am just as willing to believe that the accusers have made mistakes in bringing these charges, as I am to assume that every one of them knew what he was about. Although mistaken, however, I believe they deserve censure, but not expulsion. I don't believe in any question, brought before this Academy of Medicine that the Code question should come up again. This was resolved last year. I hope the question of New Code or Old Code will not again be discussed in this Academy or even in the State of New York, and I am sure Dr. Barker is of the same opinion.

Dr. Roosa—It is not the question of the New Code or Old Code. It is the discourtesy of not having first asked Dr. Barker about the matter. I am therefore in favor of expulsion.

Dr. M. G. Henry—There has not been one scintilla of evideoce that could for a moment justify any honorable man in making such charges. The Committee on Ethics have not heard either from the leader, the giant of these outrages, or the babies who signed the paper, a tittle of evidence to justify the charges. I say this in the light of twenty-seven years of experience. Are any of the gentlemen who signed the charges here? Well, I can only say they deserve expulsion and there is not a club or an association of gentlemen in any part of the world that would not expel them without another word being said on the subject. These rumors, these slanders, have been noised abroad since last

January by the leaders of these slanders. More infamous slanders I never heard in my life—a statement which I shall sustain either here or elsewhere. Efforts—now happily frustrated—have been made to poison every member of the profession against one of the most honorable, and justly honored men whom it has ever been the good fortune of any of us to have met. You cannot tell me that Austin Flint, Jr., who writes up all of his friends in Paris—

Dr. H. F. White—I call the gentleman to order.

Dr. Henry—This matter is too serious, sir, to be interrupted by any such nonsense. You cannot tell me that these gentlemen who signed the charges didn't know what they were about.

Professor J. C. Dalton moved that the whole question of further discussion of the matter be laid on the table. Not alone were they satisfied, but he believed Dr. Barker was too, with the splendid report of the committee. The motion was passed, and then Dr. Barker said:

It was not my intention to take any part, but sit calmly and quietly throughout the whole of these proceedings. I now beg to say that I most warmly and heartily approve the sentiments of Professor Dalton. I think the Academy has done all that it is wise and proper for them to do. I think it would be injurious to their reputation to do anything under thc impulse of excitement, or which might not be regarded as judicious. I am, therefore, in thorough accord with the suggestion that all further discussion of the matter lie on the table. I am satisfied myself and consequently think others ought likewise to be. The Academy now resumes the scientific work which it was engaged in before this present storm was raised, to elevate the character of the medical profession.

After Dr. Barker's address there were brief routine proceedings and then an adjournment was taken. This was the signal for the members to gather round the President and shower congratulations upon him before they dispersed for their homes.

Many years ago, at the time of the great fire, large quantities of saltpeter were stored in some of the buildings consumed, and the question which agitated not only the scientific but the public mind for a long time was—"will saltpeter explode?" It took years to settle the question—in fact, it is hardly settled yet. A

still more important question now agitates the public mind: "Is crow easy of digestion, and can it be considered a healthy diet?" In view of the enormous quantity which has been eaten recently, it is fortunate for the speedy solution of the question that the oldest and toughest brace of crow has been consumed without even any "Old Crow" (whisky) to wash it down, by a distinguished professor of physiology, and a few of his chosen friends. We sincerely hope that the distinguished professor of physiology, Dr. Austin Flint, Jr., will postpone acting upon the affectionate advice recently given by the New York *Tribune*, to try and accomplish the hitherto impossible feat of crawling into a hole and pulling the hole in after him, until he has definitely settled upon a thoroughly scientific and physiological basis, from data furnished by his own stomach and those of his immediate friends, the all-important question, "Is crow easy of digestion, and can it be considered a healthy food?"—*New York Medical Times.*

HYDROPHOBIA IN THE HANDS OF SCIENCE.

Cauterization of the wound immediately after the bite, as is well known, has been more or less effective, but from to-day anybody bitten by a mad dog has only to present himself at the laboratory of the Ecole Normale, and by inoculation I will make him completely insusceptible to the effects of hydrophobia, even if bitten subsequently by any number of mad dogs. I have been devoting the last four years to this subject. I found out, in the first place, that the "virus rabique" loses its intensity by transmission to certain animals, and increases its intensity by transmission to other animals. With the rabbit, for instance, the "virus rabique" increases; with the monkey it decreases. My method was as follows: I took the virus direct from the brain of a dog that had died from acute hydrophobia. With this virus I inoculated a monkey. The monkey died. Then with the virus —already weakened in intensity—taken from this monkey I inoculated a second monkey. Then with the virus taken from the second monkey I inoculated a third monkey, and so on until I obtained a virus so weak as to be almost harmless. Then with this almost harmless virus I inoculated a rabbit, the virus being at once increased in intensity. Then with the virus from the first

rabbit I inoculated a second rabbit, and there was another increase in the intensity of the virus. Then with the virus of the second rabbit I inoculated a third rabbit, then a fourth, until the virus had regained its maximum intensity. Thus I obtained virus of different degrees of power. I then took a dog and inoculated him, first from the weakest virus from the rabbit, then with the virus from the second rabbit, and finally with the rabbit virus of maximum intensity. After a few days more I inoculated the dog with the virus taken directly from the brain of a dog that had just died of acute madness. The dog upon which I had experimented proved completely insusceptible to hydrophobia. The experiment was frequently repeated, always with the same successful result.

But my discovery does not end here. I took two dogs and inoculated them both with virus taken directly from a dog that had just died of acute hydrophobia. I let one of my dogs thus inoculated alone, and he went mad and died of acute hydrophobia. I subjected the second dog to my treatment, giving him the three rabbit inoculations, beginning with the weakest and ending with the strongest. This second dog was completely cured, or rather became completely insusceptible to hydrophobia.

M. Pasteur then went to a kennel and caressed a dog that had undergone this latter treatment. "Voyez!" said M. Pasteur, "comme il est blen gentil." "Whoever gets bitten by a mad dog has only to submit to my three little inoculations and he need not have the slightest fear of hydrophobia."—*Scientifie American.*

NAPHTALIN IN VARIOUS INTESTINAL DISEASES.

The success attending the employment of naphtalin in diarrhœa was recently noticed in our columns. In the *Berliner Klinische Wochenscrift*, October 20, 1884, Rossbach relates his experience with the drug in a variety of intestinal disorders. He now regards it as the best of disinfectants for internal use; indeed, it was from its action on the process of putrefaction in the intestine that he was led to employ it, not only in diseases of this organ, but also in those systematic maladies which affect especially the intestinal tract. The drug must be given in a purer form than that usually found in the shops, and it is advisable to

wash it with alcohol until this flows clear. His favorite prescription is as follows:

℞ Naphthalini purissimi.
Sacch. albi, āā gr. lxv.
Ol. bergamot, gtt. j.

M. F. pulv. divide in part æq. No. xx.
S. from five to twenty powders during the day in wafer.

In tubercular affections of the intestine he has used it uninterruptedly for weeks without any ill effects. When a sufficient quantity of naphtalin is given the stools become almost odorless. In long standing catarrh of the small or large intestine, with or without ulceration, the drug has, in the author's experience, given the happiest results. In acute diarrhœa it acts well, but as this disease is self-limited and so well controlled by opium, its employment is not urged. In the summers of 1883 and 1884 a large number of children were treated for cholera infantum. Those treated with naphthalin in doses of one to three grains, every two hours, appeared to do as well, at least, as those treated with calomel. When given in small doses in typhoid its effects were not marked, but when the dose was increased some cases were seemingly aborted in five or six days, and others appeared much benefited. Judgment is reserved on the beneficial effect of the drug in tuberculosis of the bowels, but in the present helplessness of medicine in this affection it may well be tried. Finally, arguing from its undoubted benefit in most intestinal diseases, the author advises its trial in large doses in the premonitory diarrhœa of the first stage of cholera.—*Med. Record.*

A NEW METHOD OF MARKING INTRAVESICAL INJECTIONS AND ITS VALUE IN THE TREATMENT OF CYSTITIS.

Some three years ago, while practicing in Milwaukee, I was called upon to treat a case of gonorrhœal cystitis in a young man. The case was aggravated and chronic; it had already existed seven weeks, and persisted for ten days longer in my hands without improvement with the usual remedies and rectile suppositories. The urine showed, on standing, a large amount of pus

and mucus. In bulk the sediment was about one-fourth of the whole amount of urine in bottle (a four-ounce bottle full). Having no instrument for injecting the bladder, I decided to try a Davidson syringe and inject directly into the bladder per urethra. I first injected warm salt-water into my own bladder to test the feasibility of the plan. The fluid passed in nicely, halting only for two minutes at the sphincter. I then, the next time my patient came, injected his bladder with a solution (100° F.) of potassium chlorate and permanganic acid, injecting ten ounces of the fluid, *without causing my patient the slightest pain or discomfort*. The patient held the fluid about one minute, and the injection was repeated. In all, the bladder was thoroughly washed out four times at this sitting. The same treatment was practiced the next day, and again on the following day, with the result of curing my patient entirely in the three days. At least, all symptoms disappeared, and my patient had no relapse. About that time I removed from Milwaukee to the country, and have had only two similar cases since, in both of which the resulting cure was rapid and permanent, one case being cured in three sittings, and the other in five sittings. The injection used is the one I have always used in gonorrhœa.

As I use it, it is *entirely unirritating*. I use from one to three drachms of the permanganic acid to a half saturated solution of potassium chlorate ℥xvj. The permanganic acid I made myself after the following formula:

℞ Potass. permanganate, grs. ix.
Aqua distil., ℥j.
Solve et adde
Sulphuric acid, C. P., ♏iij.

This is not strictly a permanganic acid solution, but it will do.

In this brief note I have not gone into details, because I am not at all sure that the title at the head of my paper will hold good upon investigation.

If this method of treating cystitis is new and original, I ask of you to give this paper space in your columns, hoping some of you New York surgeons will test the treatment thoroughly.—*C. W. Robbins, M. D., in Medical Record.*

SANITARY ADVANTAGES OF ELECTRIC LIGHT.

The ventilation of public halls, churches and theaters is a matter of the greatest importance from a sanitary point of view. These places are generally used in the evening, when not only respiratory impurities, but, also, those derived from the combustion of illuminating gas vitiate the air. In devising methods of ventilation, impurities due to this latter source are seldom thought of, only the exhalations of the human body being taken into consideration. In reality, however, the products of combustion are almost, if not quite, as abundant and injurious as those of respiration. These should either be removed by the introduction of better systems of ventilation or avoided by the employment of the electric light, which neither consumes oxygen nor produces impurities.

In order to prove the advantages of the electric light in these places it will be necessary to state the evils of illumination by gas. A man exhales about six-tenths of a cubic foot of carbon dioxide in an hour. An ordinary small gas burner will give off four times that amount in the same time. To maintain the air of an enclosed space at the proper degree of purity, containing not more than six parts of carbon dioxide in 10,000, there will be required 3,000 cubic feet of air per hour for each individual and four times this amount for each gas burner, if the chandelier is not placed under a dome ventilator, a thing seldom done in churches and public halls. A church seating six hundred persons, lighted by one hundred and fifty gas burners, for example, produces as much carbon dioxide as the congregation itself. To change the air of such a place in cold weather with sufficient rapidity with any ordinary system of heating and ventilation, would be next to impossible, and the impurities will necessarily become exceedingly great, sometimes being nearly sufficient to extinguish the lights. In theaters the principal lights are usually placed in a ventilating dome, much of the impurities being thus removed. Besides, the lights burns low during the acts and the oxy-hydrogen light is now frequently used to illuminate the stage. But the cubic space allowed to each individual is usually less than in the church, which makes it all the more necessary to introduce a light producing no impurities.

Besides the carbon dioxide emitted by the gas burner, there is generally carbon monoxide, a far more injurious substance. This gas is found in considerable proportions, 7.85 per cent., in nearly all illuminating gas, and is not all converted into dioxide by combustion. Dr. Richardson says, in his recent work on preventive medicine, that this gas. diffused in small quantities from the burners in the air of badly ventilated rooms, is a frequent cause of dyspepsia, nervous disease and even diabetes mellitus. Moreover, the gas burner consumes oxygen and tends to overheat the atmosphere of a room. On this account it frequently becomes necessary in winter to restrict the amount of heated fresh air that can be admitted through the registers, and in summer the rooms in a short time, become uncomfortably warm. The electric light, on the other hand, consumes no oxygen and produces very little heat. The danger of fire is also diminished by the use of the electric light.

Hitherto the great objections to the electric light have been its irregularity and the difficulty of controlling its intensity. These objections are valid with the Brush light, but will hardly apply to the Edison and Swan lights, where a platinum wire in a vacuum is the means of illumination. Even the Brush light is quite steady when used within doors, the great objection to its use in theaters being the inability to control its intensity. This difficulty is now overcome by using movable shades of varying translucency, so that the light may be diminished without attempting to alter the electric current. This method has been applied with success in London theaters, where the Swan light is used, a clear, manageable light being obtained with none of the injurious effects of gas. In Buffalo we have only the Brush light, but even this has been introduced into one of our theatres (Court street), thus diminishing but not avoiding the combustion of gas.

The Brush light undoubtedly produces ozone. This we have proved by actual experiment. Test papers of starch and potassium iodide were employed and the experiments conducted in a store on Main street where three Brush lights are used. The papers, when placed over the lights, rapidly became blue from the liberation of iodine by ozone. The same papers became blue, it is true, when placed outside, but not so rapidly nor so markedly. We attributed the change in the papers, when not

exposed to ozone, to impurities in the potassium iodide. The production of ozone by the Edison and Swan lights is not so evident, for in them we have no electric spark passing through the air. If the test papers were not placed in the air above the light they changed no more rapidly than those outside the room. This we attribute to the fact that the ozone attacks organic matter and becomes destroyed, thus purifying the atmosphere. With the recent improvements in electric lighting we may confidently expect to see the use of gas supplanted by electricity in all places of public worship and amusement.—*F. R. Campbell, M. D., in Buffalo Medical and Surgical Journal.*

POSSIBLE CURE FOR RABIES AND STRYCHNIA POISONING.

Mrs. Canby (widow of the massacred Indian fighter, gallant General Canby) is temporarily residing here. A few weeks ago she told a mutual friend (a physician) how the Indians used to save their dogs when poisoned by soldiers and sutlers, as they frequently were—strychnia being the "generally indicated remedy" for such nuisances. Several raw onions were at once made into a poultice and bound the whole length of the dog, beginning at the lower jaw, and he was made to swallow some of the juice, if possible. She had never seen the treatment fail to restore a dog poisoned by strychnia, and had known successes where the last breath seemed to have been drawn.

She also recounted a case of undoubted rabies. The dog was a valued one, and his owner did not have the heart to kill him, but shut him up in a cellar to fight it out alone. The only thing in the cellar was a bag of onions, and this, in his fury, the dog attacked and destroyed, tearing the onions to pieces and probably eating some. In a few days the dog was well and resumed his place in society.

As Mrs. Canby is very intelligent, a close observer, and has had much experience on the frontier, it may be wise to remember what she has told us. If any one achieves success with the above treatment, he should send the *Era* a report.

Referring to Allen's Encyclopedia of Pure Materia Medica, we find that the onion "can indeed cause insanity and madness," "causes disturbances of the brain." "Headache" and "mel-

ancholy" are prominent symptoms, while the "profuse lachrymation and discharges from the nostrils" are characteristic; "difficult deglutition" is also a marked symptom. But I merely allude to the possible homeopathicity.

Speaking of the onion, I know of no surer relief for a bee sting, or a dozen of them, than a raw onion cut open and rubbed on thoroughly.—*W. B. Clarke, M. D., in Medical Era.*

THE TREATMENT OF ACNE IN THE MALE BY THE COLD URETHRAL SOUND.

Dr. Sherwell, of Brooklyn, believes that acne and rosacea, either alone or combined, depend in almost every instance upon conditions reflected from the sexual or digestive apparatus, and in the relative order as given; and that even the red face and nose of the coachman, of whom Hebra speaks, are only intensified, not created, by the external irritation of biting winds, etc. His theory of the etiology of the more pronounced forms of acne, as the tubercular variety, and rosacea, is that nine out of ten cases are caused by congestion of the mucous membranes of some of the viscera spoken of, probably passive in character. Why they should be reflected upon the face he does not know, and can form no opinion, any more than he can in urticaria, which arises, in his belief, from a more active and ephemeral but similar condition of the gastro-intestinal mucous membrane in the same relative number of cases. He thinks it probable, however, that the mucous irritation and consequent congestion is situated higher up in the alimentary canal in urticaria. In these cases, too, it might be difficult to explain why the efflorescences are almost always situated on the trunk and limbs.

It will be seen in the foregoing how far he is removed from the Marsyan-like dogma of the Viennese school, and not alone in respect to these diseases, but in regard to others, as, for instance, eczemas of the infant or child; in those cases he pays quite as much attention to the primæ viæ as to the skin, considering the trouble as springing, very often, if not generally, from gastro-intestinal irritations. In short, he believes in the complete analogy between the skin and mucous membranes, and thinks their reflected action is much more common and important than some authors would have us believe. He recommends in persistent cases of acne and rosacea, in the male subject, the use of the cold urethral sound, and that, too, with some degree of diligence. He does not, of course, mean by this that proper topical measures to the parts affected are not to be used therewith; or, that tonic, cathartic, dietetic and hygienic measures and principles to meet common-sense indications should be omitted.—*Journal Cutaneous and Venereal Diseases.*